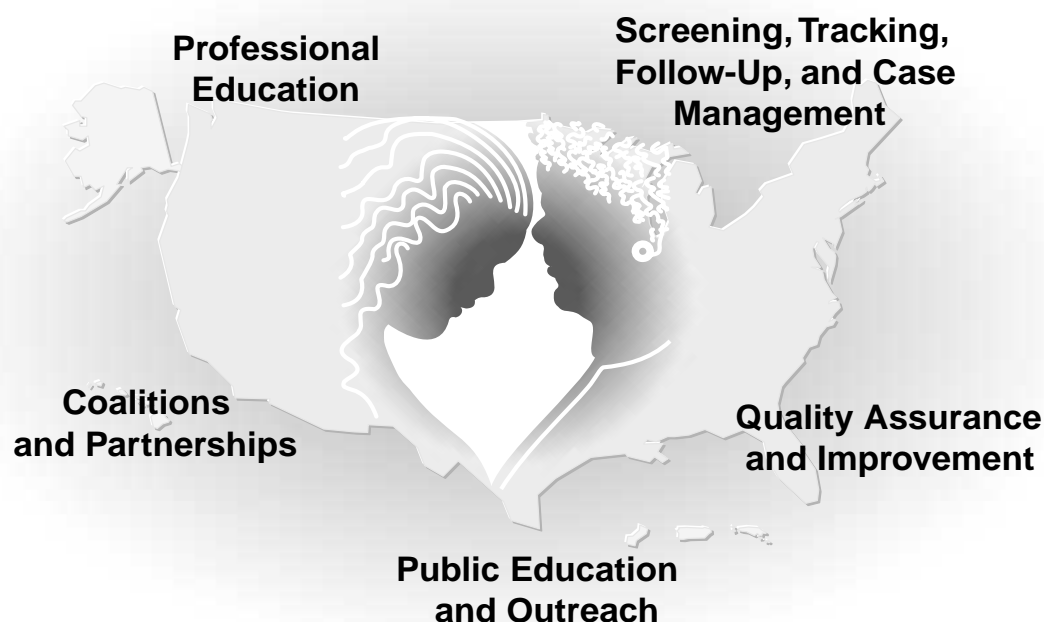




The National Breast and Cervical Cancer Early Detection Program

2001



“Over 1.5 million women have taken advantage of services provided through CDC’s National Breast and Cervical Cancer Early Detection Program. Now more than a decade old, this program provides recommended screening to low-income women in every state in the country. However, more women are in need of these critical services than the program can support. As a nation, we must step up our commitment to reaching all women.”

*Jeffrey P. Koplan, MD, MPH
Director, Centers for Disease Control and Prevention*

Breast and Cervical Cancer Screening: Preventing Deaths Among Women

Excluding skin cancer, breast cancer is the most common cancer among American women and is second only to lung cancer as the leading cause of cancer-related death. An estimated 192,200 new cases will be diagnosed among women in 2001, and 40,200 women will die of this disease. The incidence of invasive cervical cancer has decreased significantly over the last 40 years, in large part because of early detection efforts. Even so, an estimated 12,900 new cases will be diagnosed in 2001, and 4,400 women will die of this disease. Many of these deaths—which will occur disproportionately among women of racial and ethnic minority and low-income groups—could be avoided by increasing cancer screening rates among all women at risk. Both mammograms and Papanicolaou (Pap) tests are underused by women who are members

of some racial and ethnic minority groups, have less than a high school education, are older, or live below the poverty level.

Mammography is the best available method to detect breast cancer in its earliest, most treatable stage—an average of 1.7 years before the woman can feel the lump. Timely mammography screening among women older than age 40 could prevent 15%–30% of all deaths from breast cancer.

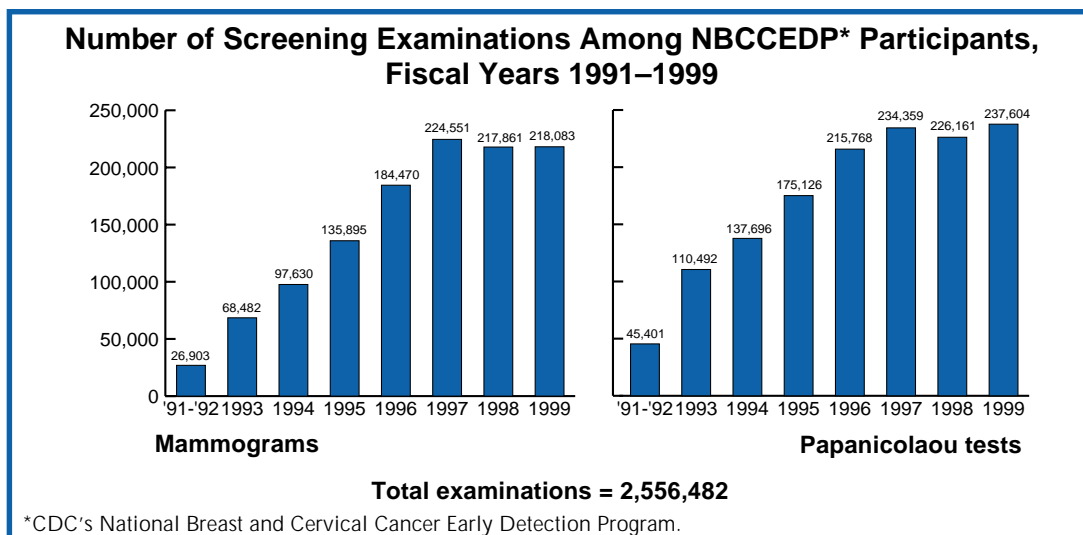
Cervical cancer screening using the Pap test detects not only cancer but also precancerous lesions. Detecting and treating such lesions can actually prevent cervical cancer—and thus can prevent virtually *all* deaths from this disease.

CDC's National Breast and Cervical Cancer Early Detection Program: A Decade of Progress

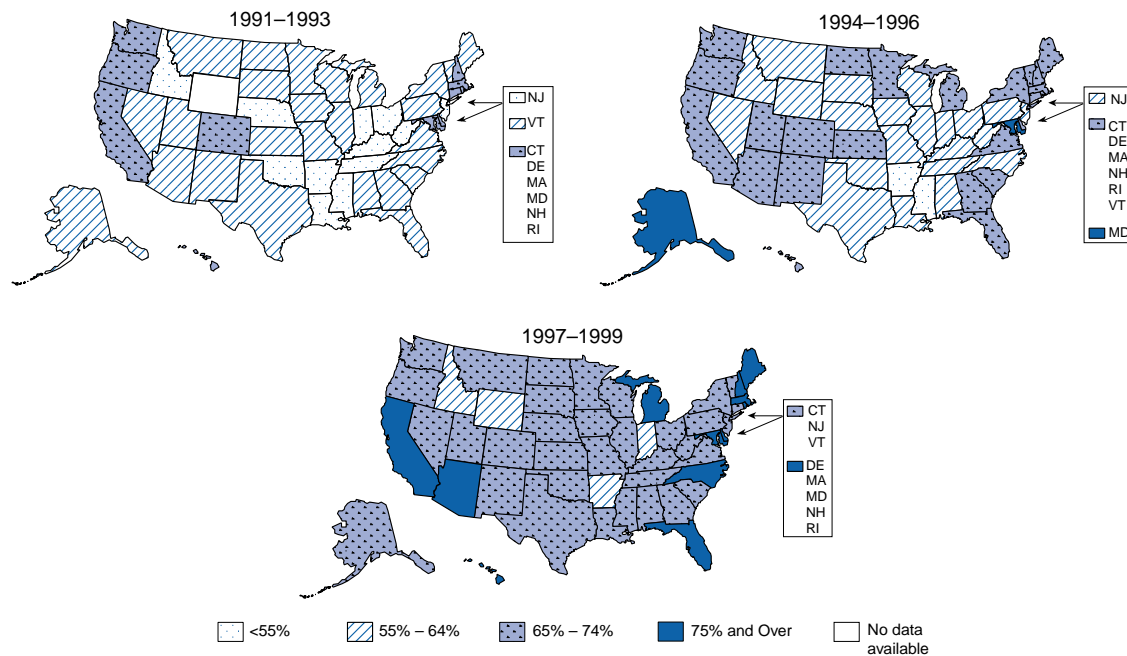
Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which established CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP provides screening services, including clinical breast examinations, mammograms, pelvic examinations, and Pap tests, to underserved women. The NBCCEDP also funds postscreening diagnostic services, such as surgical consultation and biopsy, to ensure that all women with abnormal results receive timely and adequate referrals.

Now in its 11th year, the NBCCEDP has provided more than 2.7 million screening examinations. The program has diagnosed more than 8,600 breast cancers, 39,400 precancerous cervical lesions, and 660 cervical cancers. The NBCCEDP operates in all 50 states, the District of Columbia, 6 U.S. territories, and 12 American Indian/Alaska Native organizations. Fiscal year 2001 appropriations of about \$174 million* will enable CDC to increase education and outreach programs for women and health care providers, improve quality assurance measures for screening, and improve access to screening and follow-up services.

*This figure does not include salary and expenses as appropriated in the congressional conference report no. 106-1033.



Percentage of Women Aged 50 Years or Older With Household Incomes Less Than \$35,000 Who Reported Having Had a Mammogram Within the Previous 2 Years



Public Education and Outreach: Eliminating Barriers to Screening

NBCCEDP works with a variety of partners to provide effective outreach programs. By promoting the life-saving benefits of early detection available through NBCCEDP-funded services, these programs help women overcome barriers to screening such as the fear of a cancer diagnosis, lack of transportation and child care, linguistic and cultural differences, and lack of physician referral.

With CDC's leadership, state-based programs have made significant progress educating women about the benefits of screening and early detection. For example—



In collaboration with the **Missouri** Department of Social Services, the Missouri Breast and Cervical Cancer Control Program (BCCCP) uses welfare-to-work recipients as outreach coordinators to refer women for breast and cervical cancer screenings. These coordinators have referred over 3,349 women to BCCCP screening providers. Twelve coordinators have parlayed their outreach work into full-time employment. The program has won a national award for public health innovation and a 1999 Missouri Governor's Award on Quality and Productivity.

Coalitions and Partnerships: Reaching Underserved Women

CDC funds a network of partners to develop education interventions aimed at increasing access to and use of screening services among underserved populations. Many state programs have paired with nontraditional partners, including Native American tribal leaders, councils on aging, and African American church groups, to offer education and outreach in community settings. Mobile mammography screening and the wide range of community partners have enabled the programs to offer screening to women on reservations and in rural and inner-city areas. For example—



In conjunction with the Race for the Cure, the **Nevada** Breast and Cervical Cancer Early Detection Program partnered with Chevron, the Susan G. Komen Foundation, and Mobile-Ray Imaging to offer free mammograms at a local Chevron station. The Nevada program provided breast health education, follow-up for abnormal screenings, and additional mammograms and referrals for women who qualified for the state program. As a result of this outreach, hundreds of women received breast and cervical health education, and more than 200 underserved women were enrolled for a free mammogram.

Professional Education: Enhancing Health Care at the Source

Through professional education services, the NBCCEDP has helped a wide range of health care professionals—including physicians, nurses, radiology technologists, and cytologists—better understand and perform their key roles in the early detection of breast and cervical cancer. Professional education opportunities are also offered through the NBCCEDP's state, tribal, and territorial programs. For example—



Ohio's breast and cervical cancer program, in collaboration with the Medical College of Ohio at Toledo, has produced *Cultural Competence in Breast Cancer Care*, a CD ROM for health care professionals. The CD ROM includes discussion of cultural perspectives on breast care and provider/client communications as well as appropriate follow-up for an abnormal clinical breast examination.

Screening, Tracking, Follow-Up, and Case Management

Improved screening techniques and diagnostic skills result in earlier cancer diagnoses and more lives saved. The NBCCEDP provides national guidance and support to ensure that screening services incorporate current techniques and best practices. For example—



Maryland's breast and cervical cancer program contracts with the Maryland State Medical Society to train all primary care providers associated with the program in using the MammaCare technique for clinical breast examinations. In addition, the CDC- sponsored program *Follow-up of Abnormal CBE/Mammograms Self-Study* has been distributed to all Maryland program providers and coordinators.

Enhancing Treatment Services

The recent passage of the Breast and Cervical Cancer Treatment and Prevention Act of 2000, which adds \$900 million over 10 years to the national effort to treat women with breast and cervical cancer, was an important development that will make it much easier

for women with cancer diagnosed through the NBCCEDP to receive the treatment they need. This act gives states the option to provide Medicaid coverage to women who have been screened through the NBCCEDP and found to have breast or cervical cancer or precancerous lesions. CDC is working with the Health Care Financing Administration to help states implement this new benefit.

Quality Assurance for Screening and Follow-Up

All health agencies participating in the NBCCEDP use mammography facilities certified by the American College of Radiology and laboratories that follow the Clinical Laboratory Improvement Amendments of 1988. CDC provides screening and diagnostic guidelines to all programs and assists states in evaluating their clinical services. With CDC's guidance, all programs develop strategies to ensure that women are receiving the best care possible. For example—



Michigan has implemented a comprehensive Quality Assurance Program that includes annual chart reviews of care provided to BCCCP women with breast or cervical abnormalities, quarterly Clinical/Data Quality Improvement Reports, and yearly site visits to agencies and providers to discuss follow-up care and case management services.

Future Directions

By raising awareness about the importance of early detection, the NBCCEDP has contributed to the 20 % increase in mammography use among women older than 50 and has helped reduce disparities in screening for racial and ethnic minority women. CDC will continue working with a wide array of partners to increase access to breast and cervical cancer early detection and treatment services. Plans include developing effective strategies to improve rescreening rates among women enrolled in the program and creating effective education and outreach strategies for reaching women who have rarely or never been screened for these two types of cancer.

For more information or additional copies of this document, please contact the
Centers for Disease Control and Prevention,
National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-64,
4770 Buford Highway NE, Atlanta, GA 30341-3717, (770) 488-4751.
Voice Information System: 1 (888) 842-6355 Fax: (770) 488-4760
cancerinfo@cdc.gov <http://www.cdc.gov/cancer>